

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing**OR**Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

PHUS030337US

First Named Inventor

HUBER, Marc A.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TELESCOPING TABLE*(Title of the Invention)*

the specification of which

 is attached hereto**OR**

was filed on (MM/DD/YYYY)

09-17-2003**10-21-2003**

as United States Application Number or PCT International

Application Number

60/503,708

and was amended on (MM/DD/YYYY)

60/513,101

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below
 or Bar Code Label _____

Name

Thomas E. Kocovsky, Jr. - FAY, SHARPE, FAGAN, MINNICH & McKEE, LLP

Address

1100 Superior Avenue, Seventh Floor

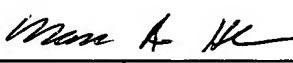
City	State	ZIP
Cleveland	OH	44114-2579

Country	Telephone	Fax
US	216/861-5582	216/241-1666

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) Marc A.	Family Name or Surname HUBER
--	------------------------------------

Inventor's Signature 	Date 10/17/03
--	------------------

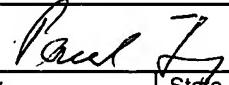
Residence: City SAN JOSE	State CA	Country US	Citizenship US
-----------------------------	-------------	---------------	-------------------

Mailing Address
7368 PHINNEY WAY

City SAN JOSE	State CA	ZIP 95139	Country US
------------------	-------------	--------------	---------------

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any]) Paul	Family Name or Surname HUG
---	----------------------------------

Inventor's Signature 	Date 10/16/03
--	------------------

Residence: City SARATOGA	State CA	Country US	Citizenship CH
-----------------------------	-------------	---------------	-------------------

Mailing Address
18540 VESSING ROAD

City SARATOGA	State CA	ZIP 95070	Country US
------------------	-------------	--------------	---------------

Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2****Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Timothy T.

Given Name

BUSKARD

Family Name or Surname

Inventor's Signature

10/19/03

LIVERMORE
Residence: CityCA
StateUS
CountryCA
Citizenship836 YOLO WAY
Mailing Address**Mailing Address**

City LIVERMORE

CA
State94551
ZIPUS
Country**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address**Mailing Address**

City

State

ZIP

Country

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address**Mailing Address**

City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.